

ARN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 120  
Registered No. 32

1. PLACE OF BIRTH

County Pima State Arizona  
District or Township Globe or Village \_\_\_\_\_  
City Globe No. Third & First St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lloyd Leon Sommerlin (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Feb. 7 1927  
Month Day Year

8. FATHER  
Full name Lloyd Leon Sommerlin

14. MOTHER  
Full maiden name Mattie Lee Allen

9. Residence (Usual place of abode) Globe, Ariz  
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Ariz  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 22 (Years)

16. Color or race White 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Albany New York  
(State or country)

18. Birthplace (city or place) Albany City New York  
(State or country)

13. Occupation Wrestler in ring  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2  
(b) Born alive but now dead none  
(c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Lloyd Leon Sommerlin at 18:10 P. m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature J. R. B. Madden Physician

Given name added from a supplemental report \_\_\_\_\_ Address O.R. Hospital, Globe, Ariz. (Physician or midwife).

Month, day, year \_\_\_\_\_ Filed 2-28-27 Dr. St. Hunt Registrar

635-207-415